

BEST AVAILABLE COPY

MULTIPLE INDEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1.						51					
2.						52					
3.						53					
4.						54					
5.						55					
6.						56					
7.						57					
8.						58					
9.						59					
10.	60		77			60					
11.	61		77			61					
12.	62		77			62					
13.	63		77			63					
14.	64		77			64					
15.	65		77			65					
16.	66		77			66					
17.	67		77			67					
18.	68		77			68					
19.	69		77			69					
20.	70		77			70					
21.	71		77			71					
22.	72		77			72					
23.	73		77			73					
24.	74		77			74					
25.	75		77			75					
26.	76		77			76					
27.	77		77			77					
28.	78		77			78					
29.	79		77			79					
30.	80		77			80					
31.	81		77			81					
32.	82		77			82					
33.	83		77			83					
34.	84		77			84					
35.	85		77			85					
36.	86		77			86					
37.	87		77			87					
38.	88		77			88					
39.	89		77			89					
40.	90		77			90					
41.	91		77			91					
42.	92		77			92					
43.	93		77			93					
44.	94		77			94					
45.	95		77			95					
46.	96		77			96					
47.	97		77			97					
48.	98		77			98					
49.	99		77			99					
50.	100		77			100					
TOTAL IND.		5	26			TOTAL IND.					
TOTAL DEP.		26				TOTAL DEP.					
TOTAL CLAIMS		5	26			TOTAL CLAIMS					